M.A MINI

PTO/SB/81 (11-04)

Approved for use through 11/30/2/05. OMB 0651-0035

U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

	nedmun lonno BIMO bilays a valid DIMB control number.			
Application Number	10/735.874			
Filing Date	12/16/2003			
First Named Inventor	Hsiu Yen Huang abdominal exerciser			
Title				
Art Unit	3764			
Examiner Name				
Attorney Docket Number	FP9735			

I hereby revoke s	all province powers of ottornous	i in ab	_L				
I hosphy opposite	all previous powers of attorney g	iven in the	above-identified	application.	RECEIVED		
I hereby appoint:	•						
Practitioners a	associated with the Customer Number:	with the Customer Number: 000052981			CENTRAL FAX CENT		
OR					MAY 1 2 2005		
Practitioner(s) named below:							
Name			Registration Number				
				-			
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Please recognize or c	change the correspondence address for t	he shove kre	ntited application to				
Please recognize or change the correspondence address for the above-identified application to:							
The address associated with the above-mentioned Customer Number:							
The address	a associated with Customer Number:			ł	•		
Firm or							
Address	Name			.			
	-						
City			State		Zip		
Country			Oldub		Zip		
Telephone			Fax				
lain the:							
Applicant/Inve	entor.						
Assignee of n	record of the entire Interest. See 37 CFR order 37 CFR 3.73(b) is enclosed. (Form F	3.71. PTO/SB/96)					
			Assignee of Reco	ď			
Signature	HUANG HEIM TEN	1		Date	April 26, 2005		
Name	Hsi⊔ Yen⁄l∤luang		•	Telephone			
Title and Company							
NOTE: Signatures of all the inventors or assignmes of record of the entire interest or their representative(s) are required. Submit multiple forms if more their one signature is required, see below.							
Total of	forms are submitted.						
This 11							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gethering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.